Date

March 6, 2007

Under the Paperwork	Reduction Ac	t of 1995, no person a	are requi			Approved for use t Trademark Office; U	hrough 01/31/200 J.S. DEPARTMEN	IT OF COMM	
Effective on 12/08/2004.				red to respond to a collection of information unless it displays a valid OMB control n  Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2006  Applicant claims small entity status. See 37 CFR 1.27				Application Number 10/644,579-0			Conf. #5200		
				Filing Date		August 20, 2003			
				First Named Inventor		Connie Sanchez			
				Examiner Name		Y. S. Chong			
				Art Unit_		1617			
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00			)	Attorney Docket	No.	05432/100M919-US1			
METHOD OF PAYMEN	T (check a	II that apply)							
Check X Credit C	ard	Money Order	No	ne Other (	please ide	entify):			
Deposit Account Depo	sit Account Nu	mber: <u>04-0100</u> De	eposit Acc	ount Name:	_	Darby & Darb	y P.C.		
For the above-ident	ified depos	it account, the Dir	ector is	hereby authorize	ed to: (ch	eck all that apply	<b>'</b> )		
Charge fee(s)	indicated b	pelow		Charg	e fee(s) i	ndicated below,	except for the	filing fee	
		e(s) or underpaym	nents o	f x Credit	any ove	rpayments			
fee(s) under 3	37 CFR 1.1	6 and 1.1/					_		
. BASIC FILING, SEARCH	I, AND EX	AMINATION FEE	s			<del></del>			
	FILI	NG FEES	SE	ARCH FEES	EXAM	INATION FEE			
Application Type	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Pa	id (\$)	
Utility Utility	300	150	500	<u>1 100 (ψ)</u> 250	200	100	100010	<u>ια (ψ)</u>	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300	· ————		
Provisional	200	100	0	0	0	0			
. EXCESS CLAIM FEES			_	_			Sı	mall Entity	
ee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (includi	-						50	25	
Each independent claim over 3 (including Reissues)							200	100	
Aultiple dependent claims							360	180	
<del></del>	Claims	Fee (\$)		Paid (\$)	Multiple Depend				
HP = highest number of total clai		50.00 = f greater than 20.	0	.00		Fee (\$)	Fee Paid (\$)		
Indep. Claims Extra	Claims	Fee (\$)	Fee I	Paid (\$)				•	
				.00_					
HP = highest number of independent	dent claims p	aid for, if greater than	3.						
3. APPLICATION SIZE FEE			_						
If the specification and dra listings under 37 CFR									
sheets or fraction there					ior sman	entity) for each	additional 30		
Total Sheets Ex	xtra Sheets	Number o		dditional 50 or frac		_	Fee Pa	id (\$)	
100 = I. OTHER FEE(S)	_			(round <b>up</b> to a who	ole numbe	r) x	Fees P	aid (\$)	
Non-English Specification	on, \$130	fee (no small enti	ity disc	ount)					
Other (e.g., late filing surcharge): 1801 Request for Continued Examination (RCE) 1253 Extension for response within third month								790.00 1,020.00	
ELIBMITTED BY			_						
gnature PAA	a MA	Mod Aran		Registration No.	52.94	9 Telephone	(212) 527-	7700	

Name (Print/Type)

Dianna Goldenson